

<b>Case Number:</b>	CM14-0156300		
<b>Date Assigned:</b>	09/26/2014	<b>Date of Injury:</b>	03/19/2013
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	09/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 46 her old male with a date of injury of March 19, 2013. The patient has chronic low back pain. Physical examination shows decreased range of motion and tenderness to the low back. Motor examination sensory examination is normal in the bilateral lower extremities. At issue is whether multiple medications are medically necessary. At issue is whether DNA medicated kit is medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**DNA medicated kit QTY:1.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** Molecular genetic testing is requested with no discussion the medical records of specific testing to be performed with a medical indication for the testing. There are no records that suggest that DNA testing will alter the treatment plan to the patient's injury. Guidelines for DNA testing not met.

**Norco 10/325mg #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** The medical records indicate that this patient has an inconsistent UDS testing which indicates illicit cocaine use and marijuana use. These inconsistent results have not been addressed in the medical record. The medical records suggest that the patient has used illicit substances in the ongoing use of opioid narcotics is not recommended per medical guidelines when the patient is using opioids. Criteria for Norco not met.

**Refill of norco 10/325mg #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** The medical records indicate that this patient has an inconsistent UDS testing which indicates illicit cocaine use and marijuana use. These inconsistent results have not been addressed in the medical record. The medical records suggest that the patient has used illicit substances in the ongoing use of opioid narcotics is not recommended per medical guidelines when the patient is using opioids. Criteria for Norco not met.

**Refill of norco 10/325mg #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** The medical records indicate that this patient has an inconsistent UDS testing which indicates illicit cocaine use and marijuana use. These inconsistent results have not been addressed in the medical record. The medical records suggest that the patient has used illicit substances in the ongoing use of opioid narcotics is not recommended per medical guidelines when the patient is using opioids. Criteria for Norco not met.

**Refill of norco 10/325mg #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** The medical records indicate that this patient has an inconsistent UDS testing which indicates illicit cocaine use and marijuana use. These inconsistent results have not been addressed in the medical record. The medical records suggest that the patient has used illicit substances in the ongoing use of opioid narcotics is not recommended per medical guidelines when the patient is using opioids. Criteria for Norco not met.

**Celebrex 200mg #30 QTY: 30.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** Celebrex is not medically necessary. Guidelines recommend first-line NSAID medication in patients without GI diagnosis or risk for GI complications. The medical records include no discussion of GI diagnosis or GI risk. The use of a Cox 2 selective NSAID is not medically supported over nonselective first-line NSAID. Celebrex is not medically necessary and guidelines for Celebrex not supported.

**Refill of celebrex 200mg #30 QTY: 30.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** Celebrex is not medically necessary. Guidelines recommend first-line NSAID medication in patients without GI diagnosis or risk for GI complications. The medical records include no discussion of GI diagnosis or GI risk. The use of a Cox 2 selective NSAID is not medically supported over nonselective first-line NSAID. Celebrex is not medically necessary and guidelines for Celebrex not supported.

**Refill of celebrex 200mg #30 QTY: 30.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** Celebrex is not medically necessary. Guidelines recommend first-line NSAID medication in patients without GI diagnosis or risk for GI complications. The medical records include no discussion of GI diagnosis or GI risk. The use of a Cox 2 selective NSAID is not medically supported over nonselective first-line NSAID. Celebrex is not medically necessary and guidelines for Celebrex not supported.

**Refill of celebrex 200mg #30 QTY: 30.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** Celebrex is not medically necessary. Guidelines recommend first-line NSAID medication in patients without GI diagnosis or risk for GI complications. The medical records include no discussion of GI diagnosis or GI risk. The use of a Cox 2 selective NSAID is not medically supported over nonselective first-line NSAID. Celebrex is not medically necessary and guidelines for Celebrex not supported.